

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047826

STATE FILE NUMBER

Registration District No. 139

Primary Registration District No. 5536

Registrar's No. 91

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 30 1963

1. PLACE OF DEATH

a. COUNTY

HOLT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LEWIS TWP.

Length of stay in lb
65 DAYS

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE IDAHO

b. COUNTY FREMONT

c. CITY OR TOWN ST. ANTHONY

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION PLEASANT Hill NUR Home

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
EBENEZER DEXTER GOULD

4. DATE OF DEATH DEC. 22, 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/25/1884

9. AGE (last birthday) 79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) TECUMSEH NEB.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

ALBERT E GOULD

13b. MOTHER'S MAIDEN NAME

SARAH E. FRYMAN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT EDWIN GIBSON, Forest City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis
Cellulitis of the leg
Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
Years
X
years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 9, 1963 to Dec 22, 1963 and last saw him alive on Dec 22, 1963
Death occurred at 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

12/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12-24-1963

23c. NAME OF CEMETERY OR CREMATORY

BENTON CEMETERY

23d. LOCATION (City, town, or county)

Holt County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JAMES H. CRAWFORD, Mound City, Mo.

25. DATE REGD. BY LOCAL REG.

12/24/63

26. REGISTRAR'S SIGNATURE

James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10440

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JAN 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address

Thousand Oaks, New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.